PROVIDER'S SIGNATURE Week of Year: 20 **Department of Human Services Facility Name: Division of Child Care and Early Childhood Education** Facility/License Number: Child Care Weekly Attendance/Meal Record For Wednesday Thursday Friday Sunday I declare under Monday Tuesday Saturday Office penalty of perjury that **Full Name** Use this information is A L P D E B A L P D E P В D В Only true and that these Age/DOB Meals children were Time In provided meals and child care at the above Tier Out location on the days Age/DOB Meals and times listed. I Time In understand I must 2. Out Tier repay any overpayment resulting Meals Age/DOB from false or incorrect Time In information and that I 3. Out Tier may be prosecuted for Age/DOB Meals fraud. Time In Tier 4. Out Age/DOB Meals Time In 5. In operation of the Tier Out Child Care Food Age/DOB Meals Program, no child will Time In be discriminated 6. Tier Out against because of race, color, national Age/DOB Meals origin, sex, or Time In handicap. Any person 7. Out Tier who believes that he Age/DOB Meals or she has been discriminated against Time In in any USDA related Tier Out activity should write Age/DOB Meals immediately to the Secretary of Time In Agriculture, 9. Tier Out Washington, D.C. Age/DOB Meals 20250 Time In 10. Tier Out WEEKLY TOTALS **Total Daily Attendance (TDA)** В Total Breakfasts (B) Total Lunches (L) **Meal Codes** SN **Breakfast** Total Snacks (A, P, E) D **AM Snack** Total Dinners (D) For Office Use Only TDA Break. Lunch Snacks Dinner Initial Lunch PM Snack Tier I Total Tier II Total **Evening Snack Total Meal Count**